	NDIDATE / OFFICEHOLI INANCE REPORT	5497	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction form.	N GUIDE explains how to complete this		2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Guy  NICKNAME LAST  Herman	S. Suffix	Date Received TRAVIS CO.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	P. O. Box 2561 Austin	n Tx 78768	Date Hand-delivered XXXX
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 512 ) 854-9258	ExTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	Ms. Martha NICKNAME LAST Dickie	S. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT	E# CITY: STATE:  Austin Tx	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE : PHONE NUMBER (512 ) 476-4873	EXTENSION	
9 REPORTTYPE	July 15 30th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month: Day Year THROU	JGH 12 /31	Year  03
11 ELECTION	Month Day Year ELECTION TYP	E Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  Probate Judge	13 OFFICE SOUGHT (# know	m)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expending Candidates are required to disclose this information of Name	nly if they receive notification of the dir	
additional pages	Address / PO Box; Apt. / Suite #: City; State: Z	ip Code	****

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

## FORM JC/OH

SUPPORT	IUIALS	'n	COVER SHEET PG 2
15 C/OH NAME			16ACCOUNT #(Ethics Commission (dens)
Guy Herma	an ·	- '	
17 NOTICE FROM POLITICAL	may have been mad	blice of political expenditures by political committees to support the ca le without the cendidate's or officeholder's knowledge or consent. Cand if they receive notice of such expenditures. ••	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	. GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
add.tional pages			
		COMMITTÉE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	IZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,875.32
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I REPORTING PERIOD	\$ 67,898.58
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	**************************************
19 AFFIDAVIT :			
			perjury, that the accompanying report is formation required to be reported by me
		Signature of Can	ididate or Officeholder
AFFIX NOTARY STA	AMP / SEAL ABOVE	1	a //
	0.1	niv which, withess my naho and searbroince. C.	MANDOR MARTINEZ NOTARY PUBLIC State of Texas,
Signature of officer admir	nistering oath	Mando Bestitation	m. Exp. 07-30/2007

POLITI	CAL EXPENDITURES	•		SCHEDULE F
The Instruction	אס Guide explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAMI	•		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
7/8/03	Melissa Voigt	. ,		(\$)
	6 Payee address: City; State; Zlp Code			
	c/o P. O. Box 1748 Austin	Tx 78767		45.00
8 Purpose of pay required.)	/ment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n		to benefit C/OH ** Office sought Office held
	ment for service repair person e refrigerator			
Date	Payee name			Amount (\$)
7/21/03	Austin American Statesman			(0)
	Payee address; City; State; Zip Code			
	P. O. Box 1231 San Antonio	o Tx 78294-12	231	<b>53.34</b>
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dire     Candidate / Officeholder na	•	o benefit C/OH Office sought Office held
Publicatio	on fee			
Date	Payee name			Amount (\$)
7/23/03	Capital Area Progressive Democ	crats		(4)
	P. O. Box 142175 Austin Tx	.78714-2175		50.00
Purpose of payi required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na	•	o benefit C/OH Office sought Office held
Donation				
Date	Payee name			Amount (\$)
7/28/03	Mitzi Matijevich Payee address; City; State; Zip Code			(0)
	c/o P. O. Box 1748 Austin T	Tx 78767		49.98
Purpose of payr required.)	ment (See instructions regarding type of information	Complete if dire	•	o benefit C/OH Office held
Purchase pi	icture frames for office			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

DOLLE	ICAL EXPENDITURES		_
POLII	ICAL EXPENDITURES		SCHEDULE F
		<del></del>	<del></del>
The Instruct	Guide explains how to complete this form.	1 To	tal pages Schedule F:
FILER NAM	•	3 AC	COUNT # (Ethics Commission filers)
Guy Her			<del></del>
Date // 19/03	5 Payee name Austin AFL-CIO		7 Amount (S)
	6 Payee address: City: State; Zip Code		
	P. O. Box 684644 Austin Tx	78768-4644	95.00
required.)	ayment (See instructions regarding type of information  advertisement	9 · Complete if direct expe Candidate / Officeholder name	enditure to benefit C/OH ** Office sought Office re
Date	Payee name		Amount
/19/03	Citizens for Central Texas He. Payee address; City: State; Zip Code	alth	(\$)
			1.
•	P. O. Box 28096 Austin Tr	x 78755	2,500.00
required.)	lyment (See instructions regarding type of information	Complete if direct expe Candidate / Officeholder name	
	lyment (See instructions regarding type of information	·· Complete if direct expe	nditure to benefit C/OH ··
required.)	lyment (See instructions regarding type of information	·· Complete if direct expe	nditure to benefit C/OH Office sought Office hald
required.)	lyment (See instructions regarding type of information	·· Complete if direct expe	nditure to benefit C/OH ·· Office sought Office hald
ontributi	lon Payee name  AYLA	⊶ Complete if direct expe Candidate / Officeholder name	nditure to benefit C/OH Office sought Office hald
Date /22/03	Payee name  AYLA  Payee address: City: State; Zip Code	•• Complete if direct expe Candidate / Officeholder name	Amount (\$)
Date /22/03  Purpose of payrequired.)	Payee name  AYLA  Payee address: City: State; Zip Code  816 Congress Ave. Ste. 700 A	Complete if direct experiments of the complete of the compl	Amount (\$)  50.00
Date /22/03  Purpose of payrequired.)	Payee name  AYLA  Payee address: City: State; Zip Code  816 Congress Ave. Ste. 700 A	Complete if direct experiments of the complete of the compl	Amount (\$)  Amount (\$)  Africe saught  Amount (\$)
Date //22/03  Purpose of payrequired.)  Political Date	Payee name  AYLA  Payee address: City: State; Zip Code  816 Congress Ave. Ste. 700 A  yment (See instructions regarding type of information	Complete if direct experiments of the complete of the compl	Amount (\$)  50.00  Additure to benefit C/OH Office sought Office held
Date  Purpose of payrequired.)  Colitical  Date	Payee name AYLA Payee address: City: State; Zip Code 816 Congress Ave. Ste. 700 A  yment (See instructions regarding type of information advertisement  Payee name Gonzalo Barrientos Campaign	Complete if direct experiments of the complete of the compl	Amount (\$)  Amount (\$)  Africe saught  Amount (\$)
Purpose of payrequired.)  Purpose of payrequired.)  Political  Date	Payee name AYLA Payee address: City: State; Zip Code 816 Congress Ave. Ste. 700 A  yment (See instructions regarding type of information  advertisement  Payee name Gonzalo Barrientos Campaign Payee address; City: State; Zip Code	Complete if direct expectandidate / Officeholder name  Austin Tx 78701  Complete if direct expectandidate / Officeholder name	Amount (S)  Amount (S)  Amount (S)  Amount (S)  Amount (S)

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		sc	HEDULE F
The Instruction	Guids explains how to complete this form.		1 Total pages Schedule F	<del></del>
2 FILER NAMI			3 ACCOUNT # (Etnics Con	nmission filers)
4 Date 10/01/03	5 Payeename Travis County Democratic Part	· ·	7	Amount (\$)
	6 Payee address: City: State; Zip Code 706 W. Martin L. King, Jr., B		78701	250.00
8 Purpose of pay required.)  Contribu	rment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n	ect expend-ture to benefit C ame Office sough:	Office held
Date	Payee name		<del></del>	Amount
10/02/03	ACS-U.T. Law School Chapter  Payee address: City: State: Zip Code  727 E. Dean Keeton St. Aust	in Tx 78705		250.00
Purpose of pays required.)  Donation	ment (See Instructions regarding type of information	•• Complete if dire Candidate / Officencider na	ect expenditure to benefit C/ ame Office saugnt	OH •• Office hard
Date 10/03/03	Payee name  Schwab  Payee address; City; State; Zip Code			Amount (5)
·	522 Congress Ave Austin T	× 78701		100.00
required.)  Applied to	ment (See instructions regarding type of information o office-holder account to nterest on margin loan	Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/C me Cfice sought	Office held
Date 11/03/03	Payee name  Briefings Publishing Group  Payee address; City; State: Zip Code  Dept. APC 110  1101 King St., Ste. 110 Alex	kandria Va 2231		Amount (S) 307.00
Purpose of payn required.)		Cand-date / Officeholder na		Office heid
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	.

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	Guide explains how to complete this form.	· ·	1 Total pages	Schedute F:
2 FILER NAM	•	<del></del>	3 ACCOUNT	# (Ethics Commission filers)
4 Date 12/01/03	5 Payeename  Central Austin Democrats  6 Payee address; City; State; Zip Code  c/o J. Raines 1501 Barton Spr		n Tx	7 Amount (\$)
8 Purpose of pay required.)  Donation	yment (See instructions regarding type of information	7	78704	50.00 o benefit C/OH ·· Office sought Office held
Date 12/18/03	Payee name  Trulock's of Austin  Payee address: City: State: Zip Code  400 Colorado Austin Tx	78701		Amount (\$) 800.00
Purpose of pay required.)  Staff gif	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder na		o benefit C/OH •• fice sough: Office held
Date 12/22/03	Payee name  Guy Herman  Payee address: City: State: Zip Code  c/o P. O. Box 1748 Austin	Tx 78767		Amount (\$)
Purpose of payr required.)  Office dia	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	•	benefit C/OH **  Tice saugnt Office held
Date	Payee name Payee address; City; State: Zip Code			Amount (\$)
Purpose of payn required.)	nent (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	me Of	benefit C/OH ·· itie sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	